

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

DO NOT WRITE ON SAMPLE FORMAT

**YOUR NAME
YOUR RESIDENCE ADDRESS
CITY, STATE & ZIP
YOUR HOME PHONE NO.**

CIVIL ACTION NO.

**DEFENDANT (S) NAME (S)
THEIR ADDRESS
CITY, STATE & ZIP**

(TO BE FILLED IN BY CLERK)

COMPLAINT

(SET FORTH THE FACTS OF YOUR CASE)

DO NOT WRITE ON THIS SAMPLE FORM

**ON THE LAST PAGE OF YOUR COMPLAINT SPELL OUT THE RELIEF YOU ARE
REQUESTING FROM THIS COURT.**

**IF YOU ARE ASKING FOR A TRIAL BY JURY, YOU MUST STATE THIS IN YOUR
COMPLAINT.**

IF YOU ARE REQUESTING A SPECIFIC AMOUNT STATE THIS IN YOUR COMPLAINT.

ORIGINALLY SIGN (IN PEN) COMPLAINT

**YOUR NAME
YOUR ADDRESS
CITY, STATE & ZIP**